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MR. ST. PHILLIP: So based on that, I'm

about when and to what extent we audited physicians'

MR. MANGI: Audits are relevant insofar as

not going to consent to have the witness testify

information about acquisition costs is obtained,

records for purposes of bookkeeping.

37 (Pages 142 to 145)

144 142 testimony earlier today that Humana does not have information relevant to renegotiations. 1 2 capitated arrangements with provider groups? 2 MR. ST. PHILLIP: Okay, we'll preserve 3 A. If I stated that, that was misspoken. We 3 this right. You can answer. do not to my knowledge have capitated contracts 4 MR. MANGI: That's fine. 4 5 5 THE WITNESS: I have not been involved strictly for drugs. 6 Q. Okay. Does Humana have capitated 6 with, nor do I have the wherewithal to be commenting 7 contracts where the amount paid pursuant to 7 on audits and evaluations as contract provisions. 8 capitation agreements is intended to encompass 8 That is way outside my purview. 9 drugs? 9 BY MR. MANGI: 10 A. I can't answer that specifically, but I 10 Q. Well, we can agree that pursuant to this believe that does not exist. 11 clause, Humana has a right to conduct such an audit, 11 12 Q. Okay. So to the best of your knowledge, 12 gain such information from the provider? 13 in every instance where there is a capitated 13 MR. ST. PHILLIP: Objection insofar as it 14 arrangement with a provider group, there will be a 14 calls for a legal conclusion. separate provision pertaining to drug reimbursement 15 THE WITNESS: I have nothing more to add 15 on top of the capitated rate; is that a fair 16 than what that paragraph or that section in and of 16. 17 statement? 17 itself says. 18 A. I believe so. 18 BY MR. MANGI: 19 Q. Can you turn to 864, please, and have a 19 Q. Okay. Well, we can agree that this allows look at Clause 22.2. Humana to conduct audits of physicians, correct? 20 20 21 A. Okay. 21 MR. ST. PHILLIP: Objection, asked and answered and it calls for a legal conclusion. 22 O. To the best of your knowledge, are these 22 .143 sorts of audit provisions standard in Humana's 1 THE WITNESS: Strictly based on language contracts with providers? 2 2 that I see in this section, I can only assume that 3 A. I cannot speak to that. Humana may have that right. 3 4 Q. Do you know whether Humana has ever BY MR. MANGI: 4 exercised its rights pursuant to contract to audit 5 5 Q. HUM-869, please, clause 29.1. This clause 6 providers? 6 provides Humana with the right to inspect the 7 7 facilities, books, records and operations of the A. Beyond my purview. I would have no 8 8 knowledge if they have. physician group, correct? 9 9 Q. Would you know whether pursuant to such MR. ST. PHILLIP: Objection, calls for a orders Humana could gain access to records showing 10 legal conclusion. Humana doesn't consent to have 10 the amounts providers paid to acquire drugs? this witness testify concerning the interpretation 11 11 MR. ST. PHILLIP: I'm going to object. I of this contract language. 12 12 13 cannot find any deposition topic on this list that 13 THE WITNESS: Are you waiting on an answer has to do with audit rights. 14 14 from me? 15 MR. MANGI: It's encompassed within other 15 THE REPORTER. Yes. 16 THE WITNESS: Well, this is outside the 16 subject matters.

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21

your question solely.

BY MR. MANGI:

scope of my responsibilities with Humana, and I do

not have the necessary legal expertise to answer

Q. All right. Well, can we agree that the

clause states here, "Humana has reasonable access

## 38 (Pages 146 to 149)

|          | <u> </u>   |          |  |
|----------|--|----------|--|
|          | 146  |          | 148  |
| 1        | and opportunity to fairly examine," and then I will  | 1        | IDENTIFICATION.)                                     |
| 2        | skip some of this language here, "the facilities,    | 2        |  |
| 3        | books, records and operations of the group." You     | 3        | MR. ST. PHILLIP: And again, with respect             |
| 4        | see that language, right?                            | 4        | to any authentication or knowledge question, I'll    |
| 5        | A. Yes.  | 5        | reiterate my objection based on Paragraph 25.        |
| 1        | 6 Q. Do you know whether Humana ever exercised       |          | MR. MANGI: Yeah. Let me back up a moment             |
| 7        | its rights pursuant to this clause or similar        | 7        | and ask counsel, that will counsel instruct the      |
| 8        | clauses in other contracts?                          | 8        | witness not to answer questions pertaining to the    |
| 9        | MR. ST. PHILLIP: I object. This requires             | 9        | authenticity of this document or its status in this  |
| 10       | him to characterize Humana's rights, but to the      | 10       | record?  |
| 11       | extent the witness can testify about whether he has  | 11       | MR. ST. PHILLIP: As has been my practice.            |
| 12       | or has not obtained the information that's discussed | 12       | all day, I'm preserving the objections based upon    |
| 13       | in this paragraph, I'll allow him to answer that.    | 13       | the exclusion, and I'm allowing the witness to       |
| 14       | THE WITNESS: I have no knowledge of                  | 14       | testify based upon preservation of our right to      |
| 15       | Humana ever exercising this right.                   | 15       | strike his testimony based on the magistrate judge's |
| 16       | Q. Will you turn to page HUM-892, please.            | 16       | order limiting the scope of the deposition.          |
| 17       | MR. NOTARGIACOMO: Repeat that page                   | 17       | MR. MANGI: Understood.                               |
| 18       | number.  | 18       | BY MR. MANGI:  |
| 19       | MR. MANGI: 892.                                      | 19       | Q. If I could just draw you back to the              |
| 20       | BY MR. MANGI:  | 20       | previous document for a moment. Is this an           |
| 21       | Q. You'll see that this refers to a capitated        | 21       | authentic copy of a document maintained in Humana's  |
| 22       | rate, right?   | 22       | files in the ordinary course of business pursuant to |
| <u> </u> |  |          |  |
|          | 147  |          | 149  |
| I        | MR. ST. PHILLIP: Objection.                          | 1        | document retention policy?                           |
| 2        | BY MR. MANGI:  | 2        | MR. ST. PHILLIP: And I object based on               |
| 3        | Q. Do you see the heading Flat Capitation?           | 3        | Paragraph 25 of the deposition submission. You may   |
| 4        | A. Yes.  | 4        | answer.  |
| 5        | Q. So is it your understanding that insofar          | 5        | THE WITNESS: I can't attest to that,                 |
| 6        | as capitated rates are provided for in this          | 6        | because this document preservation is not part of my |
| 7        | agreement, there would be a separate reimbursement   | 7        | duties and responsibilities and have no control of   |
| 8        | for drugs in addition to the capitated amounts?      | 8        | it, so I cannot answer that.                         |
| 9        | A. Based on this page, there's not enough            | 9        | BY MR. MANGI:  |
| 10       | information to say one way or the other.             | 10       | Q. Can we agree that this is an authentic            |
| 11       | Q. Based on your experience, you're not aware        | 11       | copy of a document from Humana's files?              |
| 12       | of any contracts that provide for capitated rates    | 12       | MR. ST. PHILLIP: Objection, and the                  |
| 13       | alone; is that correct?                              | 13       | witness just answered the question.                  |
| 14       | A. Looking at this specific contract, like I         | 14       | MR. MANGI: I believe he was testifying               |
| 15       | said, it doesn't have enough information. As a       | 15       | about retention policies specifically. I'm asking    |
| 16       | general statement, I don't know. I don't believe     | 16       | him a different question.                            |
| 17       | so.  | 17       | MR. ST. PHILLIP: Okay, same objection.               |
| 18       | Q. Okay. Let's look at another document              | 18       | THE WITNESS: I have no way to ensure that            |
| 19       | which we'll mark as Exhibit Lemke 003. This is       | 19       | this is an authentic copy of the agreement between   |
| 20       | Bates Number HUM-913 to 929.                         | 20       | these parties.                                       |
| 21       |  | 21       | BY MR. MANGI:  |
| 22       | (Exhibit Lemke 003 WAS MARKED FOR                    | 22       | Q. Okay. Are contracts such as this                  |
| <u> </u> |  | <u>-</u> |  |
|          |  |          | · · · · · · · · · · · · · · · · · · ·                |

39 (Pages 150 to 153)

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150
                                                                                                               152
     maintained in Humana's file in the ordinary course
 1
                                                           1
                                                               was disclosed, we redacted it.
 2
     of business?
                                                           2
                                                                     MR. MANGI: 'Are you aware that the names
 3
           MR. ST. PHILLIP: Same objection.
                                                           3
                                                               of some contractor providers are redacted, but not
 4
           THE WITNESS: I can only assume they would
                                                           4
                                                               others, in Humana's production?
 5
                                                           5
                                                                     MR. ST. PHILLIP: We are aware of that.
 6
    BY MR. MANGI:
                                                           6
                                                                     MR. MANGI: Nonetheless, you maintain that
 7
        Q. Now, turning to what we've marked as
                                                           7
                                                               some providers are competitively sensitive and
 8
    Exhibit Lemke 003.
                                                           8
                                                               others are not?
9
            (WITNESS REVIEWS DOCUMENT.)
                                                           9
                                                                     MR. ST. PHILLIP: Humana may have agreed
10
         · MR. ST. PHILLIP: Sorry to interrupt you.
                                                          10
                                                               to waive its rights to protect that information in
11
    BY MR. MANGI:
                                                          11
                                                               some cases and not in other cases.
12
        Q. And again, feel free to familiarize
                                                          12
                                                               BY MR. MANGI:
13
    yourself and draw your attention to specific terms.
                                                          13

 Q. Can I draw your attention to HUM-915,

14
                                                          14
                                                               please.
        Q. Now, if you'll take a quick glance at Page
15
                                                          15
                                                                  A. Okay.
    923, you'll see there a signature block.
16
                                                          16
                                                                  Q. You'll see under 7.1, the payment method,
17
       A. Okay.
                                                          17
                                                               there's a reference there to Attachment B, the
        Q. So this would appear to be a final signed
18
                                                          18
                                                               payment method. Do you see that?
19
    contract, correct?
                                                          19
                                                                  A. Uh-huh.
20
          MR. ST. PHILLIP: Objection.
                                                          20
                                                                  Q. I will ask you to turn to Attachment B,
21
          THE WITNESS: It appears to be.
                                                          21
                                                               which is at HUM-927.
22
    BY MR. MANGI:
                                                          22
                                                                      (WITNESS REVIEWS DOCUMENT.)
                                                     151
                                                                                                               153
1
       Q. And if you turn back to the first page, in
                                                               BY MR. MANGI:
                                                           1
2
    the top paragraph, you'll see the agreement is
                                                           2
                                                                  Q. Okay?
    between Humana, and then there's a blank, and then
3
                                                           3
                                                                  A. Yes.
    "ancillary provider licensed under the laws of the
4
                                                           4
                                                                     MR. ST. PHILLIP: I also note for the
    State of Florida." Do you see that?
5
                                                           5
                                                               record that 929 is also Attachment B.
6
       A. Uh-huh.
                                                           6
                                                                     MR. MANGI: Yes, and it states, "Add to
7
       Q. Is it your understanding that the name of
                                                           7
                                                               attached price list."
8
    the entity has been redacted from this document?
                                                           8
                                                                     MR. ST. PHILLIP: Right.
9
          MR. ST. PHILLIP: As Humana's attorney, I
                                                           9
                                                               BY MR. MANGI:
10
    can tell you it has.
                                                          10
                                                                  Q. Sticking with 927, you'll see here that
          MR. MANGI: Okay. What is the basis for
11
                                                               there's on the left column antibiotics, and then AWP
                                                          11
12
    that redaction?
                                                               minus 15 plus $22 a day for first dose, that's
          MR. ST. PHILLIP: Privileged information.
13
                                                          13
                                                               specified as the payment method. Do you see that?
14
          MR. MANGI: I'm sorry, what was that?
                                                          14
                                                                  A. Yes.
15
          MR. ST. PHILLIP: It is information that
                                                          15
                                                                  Q. Underneath it, there's a handwritten note
```

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20.

21

BY MR. MANGI:

"Includes IV/IG plus missed categories of drugs."

Q. Under Chemotherapy, there is acquisition

What do you understand IV/IG to mean?

costs plus a \$50 a day dispensing fee.

MR. ST. PHILLIP: Objection.

THE WITNESS: I do not know.

is has competitive pricing with respect to

particular plan. We don't believe that there's any

necessity to answer the questions listed in the

deposition subjects by reference to a particular

provider, and as a result, because this could -- the

competitive place in the market if the information

disclosure of this information could damage Humana's

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#### 40 (Pages 154 to 157)

| ļ · | 154  | 1   | 1:   |
|-----|--|-----|--|
| 1   | MR. ST. PHILLIP: And for the record, it                      | 1   | best of your knowledge; is that correct?                   |
| 2   | 2 says stars acquisition costs, and refers down on           |     | MR. ST. PHILLIP: Objection.                                |
| 3   | Page 928 to acquisition costs.                               | 3   | THE WITNESS: Humana does in the case wit                   |
| 4   | BY MR. MANGI:  | 4   | this particular provider, yes.                             |
| 5   | <ul> <li>Q. And to follow-up on what counsel just</li> </ul> | 5   | BY MR. MANGI:  |
| 6   | said, I'll read for the record that on Page HUM-928,         | 6   | Q. Okay. But it does not require disclosure                |
| 7   | there is a header, Acquisition Costs, with a star            | 7   | of acquisition costs in the majority of contracts to       |
| .8  | next to it, and underneath it, says, "Shall be               | 8   | the best of your knowledge; is that correct?               |
| 9   | defined as net acquisition for products paid by              | 9   | A. To the best of my knowledge.                            |
| .10 | ancillary providers. Providers shall make available          | 10  | Q. It could do so if it chose to do so, as                 |
| 11  | to Humana documentation to verify costs upon                 | 11  | it's done in this contract, right?                         |
| 12  | reasonable request." Do you see that?                        | 12  | MR. ST. PHILLIP: Objection.                                |
| 13  | A. Yes.  | 13  | THE WITNESS: Only to the point that it is                  |
| 14  | Q. Now, earlier today, I had asked whether                   | 14  | an agreed-upon practice in the or allowable in             |
| 15  | Humana has ever sought to find out from providers by         | 15  | the contract.  |
| 16  | contract or otherwise what their acquisition costs           | 16  | BY MR. MANGI:  |
| 17  | for drugs were, and I believe your answer to that            | 17  | Q. And we can agree that here, even where                  |
| 18  | was no. Do you recall that testimony?                        | 18  | acquisition cost is expressly used in a formula,           |
| 19  | MR. ST. PHILLIP: Objection.                                  | 19  | Humana still pays an additional amount dispensing          |
| 20  | THE WITNESS: I believe my answer is not                      | 20  | fee to the provider, correct? It's not reimbursing         |
| 21  | to my knowledge.   | 21  | it at the flat acquisition cost?                           |
| 22  |  | 22  | MR. ST. PHILLIP: I'm going to object                       |
| ,   | 155  | _   | 15   |
| 1   | BY MR. MANGI:  | 1   | based upon this witness's interpretation of the            |
| 2   | · O Okav   | ر ا | nombro of modification of local forms of a side of some of |

Q. Okay.

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A. That we do it.

Q. Okay. But we can agree, looking at this contract, that there are instances such as this one where Humana does expressly provide for reimbursement by reference to acquisition costs plus

8 a certain amount, right?

9 MR. ST. PHILLIP: Objection insofar as 10 this document talks about chemotherapy and pain 11 management with respect to acquisition costs. I

management with respect to acquisition costs. Idon't know if this discusses drugs, but with that

13 objection, the witness can answer.

14 BY MR. MANGI:

Go ahead.

A. This is a specific contract with a

17 specific provider for specific services. And as the

18 contract indicates, we could request that

19 information if we so choose.

Q. So there are instances where Humana has

21 sought acquisition cost information from providers,

2 but it doesn't do so in the ordinary course to the

2 contract really is a legal issue, and to the extent

he's not an attorney, we don't consent to him giving

legal advice to what the terms of the contract do.
 MR. MANGI: One doesn't have to be an

5 MR. MANGI: One doesn't have to be an 6 attorney to read the cost plus \$50 a day dispensing 7 fee.

MR. ST. PHILLIP: With that objection, the witness can answer.

9 witness can answer.
 10 THE WITNESS: I believe the question was

11 that we pay for that separately over and above

12 acquisition.

8

14

19

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13 BY MR. MANGI:

Q. Right.

A. In this particular contract, that's the way the contract is written, so the answer is yes.

17 Q. Thank you. We're done with that document 18 for now.

(OFF-THE-RECORD DISCUSSION.)

MR. MANGI: Let's mark this as an exhibit, please.

(Exhibit Lemke 004 WAS MARKED FOR

41 (Pages 158 to 161)

158 160 1 IDENTIFICATION.) 1 payment arrangement references Attachment E. 2 BY MR. MANGI: 2 A. Yes. 3 Q. We are looking at HUM-1151 to 1201. Here 3 Q. And matter of fact, ask you to turn to Attachment E, which is at 1196. 4 4 you go. 5 (DOCUMENT TENDERED.) 5 A. Yes. 6 BY MR. MANGI: 6 Q. And you will see that there are three 7 Q. Again, take your time to familiarize 7 sections here referencing different plans, but 8 yourself. I'll have specific questions on this one. 8 they're the same to the extent that they provide for 9 (WITNESS REVIEWS DOCUMENT.) 9 payment at 80 percent of Humana's Medicare fee 10 THE WITNESS: Okay. 10 schedule or the usual customary charges, but has a 11 BY MR. MANGI: 11 separate star star provision stating that drugs are 12 Q. Now, this is another contract between to be reimbursed at AWP less 16 percent. Do you see 12 13 Humana and a physician group, right? 13 that? 14 MR. ST. PHILLIP: I'm going to object 14 A. Yes. 15 based on the exclusion of Deposition Subject No. 25. 15 Q. Is this an example of the type of plan you 16 Humana does not consent to have this witness testify referenced earlier that uses what you referred to as 16 17 concerning the authentication and knowledge of the 17 the alternative AWP based methodology? 18 documents produced in this litigation consistent 18 A. Based on my reading of this contract, it 19 with magistrate judge's November 2nd, 2004 order. 19 certainly appears as so. 20 Preserving our right to move to strike the answer, 20 Q. Okay. That's all I have for that 21 I'm going to let the witness testify and continue 21 document. Now, are you familiar with or have you 22 our objections along this line with respect to this 22 heard of the Office of the Inspector General, the 159 161 1 document. OIG? 1 2 MR. MANGI: Again, we disagree for the 2 A. Federal Inspector General? 3 reasons stated, but again, to the extent it will 3 Q. Yes, the Department of Health and Human 4 make your life easier, if you want to reference a Services. 4 5 standing objection. 5 A. Yes, I know of the department. 6 MR. ST. PHILLIP: Okay. Let's do that. 6 Q. What is your understanding of what the OIG 7 Let's continue that objection with respect to this 7. is? 8 and any other documents. 8 MR. ST. PHILLIP: I'm going to object 9 MR. MANGI: Any other document on 9 insofar as the question is about the knowledge of 10 authentication issues? 10 certain functions of government agencies is beyond. 11 MR. ST. PHILLIP: Yes. 11 the scope of the deposition subjects, and with 12 MR. MANGI: Understood. 12 respect to knowledge of reports, studies and 13 BY MR. MANGI: 13 communications concerning acquisition costs for 14 Q. Could I draw your attention -- I'm sorry, 14 drugs with respect to government inquiries has been 15 did you answer the previous question? This is an 15 excluded by Magistrate Judge Bowler in her 16 agreement between Humana and a physician group, 16 November 2nd, 2004 order relative to Topic Number right? 17、 17 24, so Humana does not consent to have this witness A. It appears to be. 18 18 testify concerning this information. Q. Okay. I will draw your attention to 1165, 19 19 MR. MANGI: And again, it's relevant to 20 please. 20 other categories. Would you answer the question, 21 A. Okay. 21 please? 22 Q. And under Clause 22.1, you'll see that the 22 THE WITNESS: My knowledge of the OIG is

#### 42 (Pages 162 to 165)

162 very, very limited, and I really have no answer to 1 2 that question. 3 BY MR. MANGI: · Q. You're aware it's a government entity, 4 5 right? A. I agree it's a government entity. 6 MR. MANGI: Okay. Can we mark this as 7 8 Exhibit Lemke 005. 9 (Exhibit Lemke 005 WAS MARKED FOR 10 **IDENTIFICATION.)** 11 BY MR. MANGI: Q. Now, this is an OIG report from November 12 13 of 1992. Right, do you see that on the --14 MR. ST. PHILLIP: I'm going to continue my objection with respect to this document based upon 15 the exclusion of Topic Number 24, which states, 16 "Your client's knowledge of government studies, 17 reports and communications concerning the actual 18 acquisition costs for drugs," so. 19 20 MR. MANGI: This is encompassed by other areas, and you've already made the objection. Feel 21 22 free to reiterate it.

164 reliable indicator of the cost of the drug to 1 2 physicians, does Humana rely upon this information 3 in determining its reimbursement rates at any time 4 between 1992 and the present? 5 A. I would have no knowledge of that. 6 Q. But certainly we can agree that this information is in the public domain? 8 MR. ST. PHILLIP: Objection. Is it? 9 MR. MANGI: Yes, it's an OIG report. 10 MR. ST. PHILLIP: Okay. 11 BY MR. MANGI: 12 Q. Would you like the question read back? 13 A. No, I presume it is. I have no personal 14 knowledge whether it is or isn't. 15 Q. Now, are there others at Humana who may be 16 aware of this report and who may have relied upon this in setting reimbursement rates? 17 18 MR. ST. PHILLIP: Objection. 19 THE WITNESS: Based on the specific date 20 of that document, it was before my employ with 21 Humana. I cannot say whether or not any other individual within the Humana organization would have

163 MR. ST. PHILLIP: I'll continue it with Į 2 respect to any questions about this study. MR. MANGI: That's fine. You can have a 3 4 standing objection to that. 5 BY MR. MANGI: 6 Q. So you can see this is a public document put out by the OIG in November of 1992. Do you see 7 8 that at the top of the page? 9 A. Yes. 10 Q. And I would like to direct you to the second full paragraph, starting with, "Our results 11 12 indicate."

13 A. Yes. 14 Q. You see that? And I'll read that for the

record. "Our results indicate that for the 15

16

physicians surveyed, the 13 chemotherapy drugs can

be purchased an amounts below the established 17

average wholesale price, and that AWP is not a 18

reliable indicator of the cost of the drug to 19

20 physicians." Do you see that language? 21

A. Yes.

22

Q. Now, did this knowledge that AWP is not a

1 access to or followed that or use that for any

2 reason.

6

10

11

14

3 BY MR. MANGI:

4 Q. Do you know whether anyone at Humana has 5 relied upon this information subsequent to 2000?

No, I do not.

7 Q. May I draw your attention to Appendix 3 to that document, and it's about - oh, seven or eight

9 pages from the back.

MR. ST. PHILLIP: Titled Invoice Costs?

MR. MANGI: Yes, expresses a percentage

12 below AWP.

13 BY MR. MANGI:

Q. Have you located that page?

15 A. Yes.

16 Q. And I'm going to refer you to the bottom

17 two drugs on that table, vinblastine sulphate and

18 vincristine sulphate. You'll see that for brand

19 name manufacturers, which is the second column, the

20 invoiced costs are 63 percent below AWP for the

21 first and 83 percent below AWP for the second. Do

you see that?

165

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43 (Pages 166 to 169)

168 166 MR. ST. PHILLIP: I'm going to make BY MR. MANGI: 1 2 another objection so far as it doesn't appear that 2 Q. To the extent that this document is those two drugs are on the list of the drugs that publicly available, can we agree to that? 3 were provided to us from the defendants as 4 4 Yes, I could agree to that. 5 5 encompassed by the subpoena. So with that MR. MANGI: Can we turn to a document objection, I'll allow the witness to answer. we'll mark as Exhibit Lemke 006, please. And Ed, . THE WITNESS: I do see them on the this is a 1997 OIG report. I apologize, I don't 8 schedule. 9 9 BY MR. MANGI: (Exhibit Lemke 006 WAS MARKED FOR 10 Q. Is Humana aware that as early as 1992, the 10 **IDENTIFICATION.)** OIG public report had flagged certain physician 11 BY MR. MANGI: 12 administered drugs as being acquired at a percentage 12 Q. Now, from the cover page, you can see this from 63 to 83 percent below their AWPs? is a December, 1997 publication from the Office of 13 MR. ST. PHILLIP: Same objection. the Inspector General, correct? 14 THE WITNESS: No, I'm not aware of it. 15 15 A. Correct. Q. Okay. Can I draw your attention to the 16 BY MR. MANGI: 16 17 Q. Do you know whether or not this page numbered small three, Roman three. And I would information was considered by Humana in setting its like to draw your attention to the second paragraph. 18 18 reimbursement methodologies at any time between 1992 on the bottom, which states, "In this report, we 19 19 20 and the present? 20 have identified Medicare allowances that were 11 to MR. ST. PHILLIP: Same objection. 21 21 900 percent greater than the drug prices available to the physician and supplier community." Do you 22 THE WITNESS: I have no knowledge of 167 169 Humana using this information: see that? 1 1 2 BY MR. MANGI: 2 A. Yes. Q. We can agree that Humana could have 3 3 Q. Do you know whether or not anyone at utilized this information if it chose to do so, Humana relied upon this report and this information 4 5 right? 5 in setting reimbursement rates for drugs at any time 6 MR. ST. PHILLIP: Same objection. Calls 6 between 1997 and the present? 7 for speculation. 7 A. No, I do not. 8 THE WITNESS: I can only speculate that Q. We can certainly agree that Humana could 9 they may have. have relied upon this information if it chose to do MR. MANGI: Okay. Would you mind reading 10 10 so, correct? back my question, please. MR. ST. PHILLIP: Objection, foundation. 11 11 12 (RECORD READ.) 12 THE WITNESS: If in fact someone at Humana was aware of it and it was a public document, yes. 13 BY MR. MANGI: 13 14 Q. Just to be clear, my question now is not 14 MR. MANGI: Why don't we take a quick 15 whether they may have, but slightly different. We break, and then hopefully I should be done soon 15 can agree that Humana could have utilized this after that. 16 16 information if it had chosen to do so at any time (A SHORT BREAK WAS TAKEN.) 17 17 between 1992 and the present in setting its 18 18 19 reimbursement rates for drugs? 19 BY MR. MANGI: 20 MR. ST. PHILLIP: And the reason for my 20 Q. Now, Mister Lemke, we were looking at a 21 objection is you haven't established that this 21 number of documents before the break. Exhibits 2 to document is publicly available. 4 were contracts. Do you recall those documents? 22

## 44 (Pages 170 to 173)

|  | (1 agos 170 to 175)   |  |   |
|--|---|--|---|
|  | 170   |  | 172   |
|  | A. Yes.   | 1  | Q. You have to answer verbally.   |
| 2  | Q. Those documents are maintained in Humana's   | 2  | A. Yes.   |
| 3  | files in the ordinary course of business, correct?  | 3  | MR. ST. PHILLIP: Yes, and I believe I   |
| 4  | MR. ST. PHILLIP: Objection.   | 4  | also observed insofar as it was beyond the temporal   |
| 5  | THE WITNESS: I'm not personally   | 5  | scope of the deposition, so I'll continue that  |
| 6  | responsible for retaining them, but I assume that   | 6  | objection.  |
| 7  | copies are retained.  | 7  | BY MR. MANGI:   |
| 8  | BY MR. MANGI:   | 8  | Q. Are there others at Humana who would be  |
| 9  | Q. Now, we discussed at the in the morning  | 9  | more knowledgeable as to whether or not those   |
| 10   | your employment history prior to 2000. In any of  | 10   | contracts exist post 2000?  |
| 11   | the jobs you had prior to 2000, were you involved in  | 11   | A. Clarify which contracts you're referring   |
| 12   | reimbursement for drugs?  | 12   | to.   |
| 13   | A. Yes, I stated earlier.   | 13   | Q. Manufacturers' contracts with providers.   |
| 14   | Q. With which entities were you involved in   | 14   | A. Anyone else at Humana? I do not know of  |
| 15   | reimbursement?  | 15   | an individual within Humana that would have that  |
| 16   | A. Kurten Medical Group.  | 16   | knowledge, no.  |
| 17   | Q. And I believe you testified about  | 17   | Q. Is it fair to say that there may be other  |
| 18   | reimbursement made by Kurten to subcontracted   | 18   | individuals who have that knowledge, but you,   |
| 19   | provider groups?  | 19   | because of the job functions that you perform, have   |
| 20   | A. That's correct.  | 20   | not come across such agreements post 2000?  |
| 21   | Q. Other than that aspect of your work at   | 21   | MR. ST. PHILLIP: I'm going to object and  |
| 22   | Kurten, were there any other jobs you had or any  | 22   | instruct the witness not to answer this question.   |
|  |   | <u> </u>   | •   |
|  |   |  | · · · · · · · · · · · · · · · · · · ·   |
|  | 171   |  | 173   |
| 1  | other roles you played that involved a reimbursement  | 1  | This witness has been proposed as a 30(b)(6) witness  |
| 2  | other roles you played that involved a reimbursement for drugs?   | 1 2  | This witness has been proposed as a 30(b)(6) witness and speaks only on behalf of Humana for these  |
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| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20 | other roles you played that involved a reimbursement for drugs?  A. Only with Humana.  MR. MANGI: Okay. Off the record.  (OFF-THE-RECORD DISCUSSION.)  BY MR. MANGI:  Q. Now, you testified earlier also that you're aware of the fact that manufacturers have rebate contracts with have had rebate contracts with providers in the past based on your prior experience, right?  A. I don't recall that.  Q. Okay. Let's address that topic again. As I recall, correct me if I'm wrong, as I recall, your testimony was that you're aware, based on your prior jobs, that manufacturers have rebate contracts with providers in relation to some drugs, but that you're not aware whether or not those still exist because you have no involvement with them in your control.  A. That's a correct statement. | 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18             | This witness has been proposed as a 30(b)(6) witness and speaks only on behalf of Humana for these topics. Rule 30(b)(6) does not require the production of anybody who has the most knowledge in a particular category, but only someone who has consented to testify on behalf of the organization with respect to the organization's knowledge. And Mister Lemke has been told of the way that the 30(b)(6) deposition works and has within bounds of reasonableness attempted to gain as much understanding as possible about the topics that have been Humana has been ordered to testify concerning.  BY MR. MANGI:  Q. Well, Mister Lemke, based upon what counsel just said, have you attempted to educate yourself prior to this deposition as to knowledge that others at Humana may have regarding manufacturers' rebate contracts with providers?   |

#### 45 (Pages 174 to 177)

174 relation to drugs administered in office; is that a don't know; is that a true statement? 1 2 A. I do not know. 2 fair statement? 3 A. This was probably better titled Basis than 3 Q. How did you prepare for your deposition Methodology. These individual items underneath the 4 today? 5 5 methodology heading are more the basis for the fee MR. ST. PHILLIP: Insofar as just caution schedule than they are the methodology. Methodology 6 the witness insofar as the response to that question 6 7 calls for you to --7 denotes a percent of something subtracted from something else, added to something else is more a 8 9 BY MR. MANGI: 9 methodology. These are the basis that was used to 10 create fee schedules. So. 10 Q. I will modify the question. Other than conversations with counsel, how did you prepare for Q. You're quite right. So there's a basis, 11 11 your deposition here today? 12 and then there may be negotiation related to that 12 A. Only the preparation of that document that 13. basis, right? 13 indicated percentage of methodologies. 14 A. That's -- yes. 14 Q. Okay. You prepared that document, did 15 Q. Now, if you could follow along the first 15 of these, the first entry in the methodology column 16 you? 17 A. Yes, I did. 17 is Medicare or percentage of Medicare? Q. Could you hand me that document, please. 18 A. Yes. 18 Q. And then we have a column entitled Allowed And that's the document that was previously marked 19 19 as Exhibit Lemke 001 to the deposition today? Amount that has a dollar sum next to it? 20 A. That's correct. 21 A. Yes. 21 Q. What is that allowed amount? 22 Q. With your permission, since we only have 22 175 one copy, I would like to come over and point out a A. Allowed amount is the accumulated or the 2 few aspects of it to you. 2 amount that is stated in a fee schedule. 3 MR. ST. PHILLIP: Sure. Q. Well, as it relates to this column, is 3 that the amount that Humana has paid in reimbursing 4 BY MR. MANGI: 4 5 Q. Looking now at Exhibit Lemke 001, the first 5 for claims in a particular time period? column is entitled Methodology. What is contained within 6 MR. ST. PHILLIP: Objection to form. 6 7 THE WITNESS: It is the amount that is that column? 7 allowable under a contracted fee schedule with 8 A. Those are -- what's another word for 8 methodology? Those are -- indicate the basis on 9 providers in a certain time period. 10 which Humana fee schedules have been and continue to 10 BY MR. MANGI: 11 11 Q. Well, the first --12 Q. So these are the different methodologies 12 A. It's not paid, it is the allowed amount. that Humana uses in reimbursing providers; is that a 13 O. The first column that pertains to a list 13 of a particular dollar sum, like 40,000 - actually fair statement? 14 14 MR. ST. PHILLIP: Let's go off the record it's 40,802,735? 15 15 A. Right. for a second. 16 16 17 (OFF-THE-RECORD DISCUSSION.) 17 Q. What does that amount represent? MR. MANGI: I'll just read back the A. That represents the allowed amount of a 18 18 19 question before the break, which was --19 certain segment of claims for a time period that the BY MR. MANGI: 20 amount that is allowed before benefits are applied 20 Q. So these are the different methodologies to a claim. That has come from a Medicare or a 21 21 that Humana uses when reimbursing providers in percent of Medicare fee schedule. 22 22

### Confidential Louisville, KY

## 46 (Pages 178 to 181)

|  |  |  | <u> </u>   |
|--|--|--|--|
| 1,   | O Bight Communication 1 4 4 4  | 1 .  | 180  |
| $\begin{vmatrix} 1 \\ 2 \end{vmatrix}$   | Q. Right. So my question is, what is the time frame?   | 1  | about providers?   |
| 1  |  | 2 3  | MR. MANGI: Right.  |
| 3  | , , , and an all the little to |  | THE WITNESS: Yes.  |
| 4  | The second of th |  | BY MR. MANGI:  |
|  | 5 months, but it would have been a consecutive 12  |  | Q. Okay. So my question is, if this amount   |
| 6  | months between 2003, 2004.   | 6  | under Allowed Amounts is not the sum total of  |
| 7  | Q. Okay.   | 7  | reimbursements to providers insofar as drugs are   |
| 8  | A. As close as I can give you.   | 8  | involved, what else is there that's missing from   |
| 9  | Q. And the percentage of total, is that  | 9  | this table?  |
| 10   | percentage of the total amount reimbursed or the   | 10   | A. Oh, there's a whole host of things  |
| 11   | total number of fee schedules?   | 11   | missing. This again was to be a representative   |
| 12   | MR. ST. PHILLIP: Objection. Go ahead.  | 12   | sample of our types of fee schedules. The dollar   |
| 13   | THE WITNESS: The first percentage column   | 13   | amounts that are shown on here include the entire  |
| 14   | here is simply a simple percent of one basis divided   | 14   | range of services and drugs and supplies and   |
| 15   | by the total on the document.  | 15   | everything else that has been billed to Humana from  |
| 16   | BY MR. MANGI:  | 16   | providers. This is   |
| 17   | Q. So in other words, \$40,800,000 and change  | 17   | Q. Okay. So in terms of the total  |
| 18   | would represent 45.3 percent of the total amounts  | 18   | reimbursement to providers, would it be fair to say  |
| 19   | that Humana reimbursed during the 12-month period at   | 19   | that reimbursement pursuant to a Medicare or   |
| 20   | issue?   | 20   | percentage of Medicare based contract constitutes  |
| 21   | MR. ST. PHILLIP: Objection.  | 21   | 45.3 percent of the total reimbursements?  |
| 22   | THE WITNESS: No. Because this does   | 22   | MR. ST. PHILLIP: Objection.  |
| ļ  |  |  |  |
| İ  | 179  |  | . 181  |
| 1  | not the total does not represent 100 percent of  | . ا  |  |
| 1  |  | 1  | THE WITNESS: No.   |
| 2  | Humana's business.   | 2  | ·  |
| 2 3  | Humana's business. BY MR. MANGI:   |  | THE WITNESS: No.  MR. ST. PHILLIP: Let me confer for just a second.  |
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| 3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18                    | Humana's business. BY MR. MANGI: Q. Okay. What aspects of Humana's business are not reflected on this document? A. I cannot answer that. Q. Is that because you don't know the answer? A. I do not know the answer. Q. Well, is this intended to be a comprehensive summary of the bases under the common methodology? A. No, it's designed to be an approximation of the types of fee schedules and the basis of those fee schedules that Humana currently has under contract with providers. Q. Okay. And all reimbursement, certainly as far as it involves drugs, is by reference to a fee schedule, correct? MR. ST. PHILLIP: Objection. BY MR. MANGI:  | 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20       | MR. ST. PHILLIP: Let me confer for just a second.  MR. MANGI: Sure.  (WITNESS CONFERS WITH COUNSEL.)  MR. MANGI: The witness has just conferred with counsel. Would you like to clarify anything based on that conversation?  THE WITNESS: I just want to clarify that on this document, the allowed amount is what is commonly known as the maximum allowable fee and is not the paid amount.  BY MR. MANGI:  Q. Okay. So you don't know whether the amount that was actually reimbursed was the maximum allowed amount or was something less than that which the physician may have billed?  A. That's correct.  Q. But the percentage, 45.3 is the percentage of the total maximum allowed amount that is   |

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|  | . 182  |  | . 184  |
|--|--|--|--|
| 1  | A. Yes.  | 1  | A. That's correct.   |
| 2  | Q. Okay. Good, thank you. The next column  | 2  | Q. The next row is HIAA direct. What does  |
| 3  | is Number of Schedules, yes?   | 3  | that refer to?   |
| 4  | A. Yes.  | 4  | A. That again is HIAA, which is a series of  |
| · 5  | Q. And is that the number of schedules that  | 5  | fee schedules produced by HIAA that represent  |
| 6  | use the bases or the methodology referred to in  | 6  | physician charges by regions of the country. So  |
| 7  | column one?  | 7  | it's a third party produced fee schedule.  |
| 8  | A. Yes.  | 8  | Q. Do you know how they generate that fee  |
| 9  | Q. And the next column that doesn't have a   | 9  | schedule, what it's based on?  |
| 10   | heading, is that expressed those number of schedules   | 10   | A. It's based on physician claims.   |
| 11   | as a percentage of the total schedules?  | 11   | Q. Is it based on physicians' customary  |
| 12   | A. Yes.  | 12   | charges?   |
| 13   | Q. And in terms of the bases or  | 13   | A. Yes.  |
| 14   | methodologies, first is Medicare, percentage of  | 14   | Q. And that represents let's see, what   |
| 15   | Medicare; then there's Medicare based or percentage  | 15   | percentage? About 3.3 percent?   |
| 16   | of Medicare fee. What's the difference between   | 16   | A. In total, yes.  |
| 17   | those first two bases?   | 17   | Q. The lease schedules are the ones we   |
| 18   | A. The Medicare or percent of Medicare is  | 18   | referred to earlier, where you're leasing a network,   |
| 19   | current Medicare.  | 19   | and you don't know what the basis is for the   |
| 20   | Q. Right.  | 20   | methodology, right?  |
| 21   | A. The Medicare based could be any year prior  | 21   | MR. ST. PHILLIP: Objection.  |
| 22   | to the current Medicare year.  | 22   | THE WITNESS: That's correct.   |
|  |  |  |  |
|  | . 183  |  | 185  |
| 1  | Q. Okay. Would those be old contracts that   | 1.   | BY MR. MANGI:  |
| 1 2  | Q. Okay. Would those be old contracts that are still in effect?  | 2  | BY MR. MANGI:  Q. Then there's HIAA based, where the HIAA  |
|  | Q. Okay. Would those be old contracts that are still in effect?  A. Yes.   | l '  | BY MR. MANGI:  |
| 2  | Q. Okay. Would those be old contracts that are still in effect?  A. Yes.  Q. And would those also include contracts  | 2<br>3<br>4  | BY MR. MANGI:  Q. Then there's HIAA based, where the HIAA fee schedule forms a basis for negotiation; is that correct?   |
| 2<br>3<br>4<br>5   | Q. Okay. Would those be old contracts that are still in effect?  A. Yes.  Q. And would those also include contracts where providers put forth an old fee schedule as a   | 2<br>3<br>4<br>5   | BY MR. MANGI:  Q. Then there's HIAA based, where the HIAA fee schedule forms a basis for negotiation; is that correct?  A. Well, ultimately is the base for the fee  |
| 2<br>3<br>4<br>5<br>6  | Q. Okay. Would those be old contracts that are still in effect?  A. Yes.  Q. And would those also include contracts where providers put forth an old fee schedule as a basis for reimbursement?  | 2<br>3<br>4<br>5<br>6  | BY MR. MANGI:  Q. Then there's HIAA based, where the HIAA fee schedule forms a basis for negotiation, is that correct?  A. Well, ultimately is the base for the fee schedule that is there. Clarifying the difference  |
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| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9   | Q. Okay. Would those be old contracts that are still in effect?  A. Yes.  Q. And would those also include contracts where providers put forth an old fee schedule as a basis for reimbursement?  A. Yes.  Q. The third column is Average Wholesale Price Updated Quarterly. Is that the alternative  | 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9   | BY MR. MANGI:  Q. Then there's HIAA based, where the HIAA fee schedule forms a basis for negotiation; is that correct?  A. Well, ultimately is the base for the fee schedule that is there. Clarifying the difference between HIAA direct and HIAA based, HIAA direct is the fee schedule, the HIAA fee schedule as is and currently is, and as it changes. HIAA based is  |
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| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20 | Q. Okay. Would those be old contracts that are still in effect?  A. Yes. Q. And would those also include contracts where providers put forth an old fee schedule as a basis for reimbursement?  A. Yes. Q. The third column is Average Wholesale Price Updated Quarterly. Is that the alternative AWP based methodology we discussed this morning?  A. Yes. Q. Okay. The next column is Medicare based — I'm sorry, the next row is Medicare based frozen. What does that refer to?  A. Those are fee schedules that are — can be current or can be past Medicare based fee schedules, that have — that do not, as we call, do not float with Medicare.  Q. So if Medicare were to change its methodology, or indeed if the AWPs for drugs were to | 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20 | BY MR. MANGI:  Q. Then there's HIAA based, where the HIAA fee schedule forms a basis for negotiation; is that correct?  A. Well, ultimately is the base for the fee schedule that is there. Clarifying the difference between HIAA direct and HIAA based, HIAA direct is the fee schedule, the HIAA fee schedule as is and currently is, and as it changes. HIAA based is either current or sometime in the past, the HIAA fee schedule was used to establish or as a base for that fee schedule. So  Q. So they could I'm sorry, were you done?  A. Yes.  Q. So they could be through the process of negotiation, the parties could agree upon a certain percentage of the HIAA fee schedule?  A. That's correct.  Q. Now, direct contract negotiation, is that referring to specific providers' specific fee |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18             | Q. Okay. Would those be old contracts that are still in effect?  A. Yes. Q. And would those also include contracts where providers put forth an old fee schedule as a basis for reimbursement? A. Yes. Q. The third column is Average Wholesale Price Updated Quarterly. Is that the alternative AWP based methodology we discussed this morning? A. Yes. Q. Okay. The next column is Medicare based — I'm sorry, the next row is Medicare based frozen. What does that refer to? A. Those are fee schedules that are — can be current or can be past Medicare based fee schedules, that have — that do not, as we call, do not float with Medicare. Q. So if Medicare were to change its  | 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19       | BY MR. MANGI:  Q. Then there's HIAA based, where the HIAA fee schedule forms a basis for negotiation; is that correct?  A. Well, ultimately is the base for the fee schedule that is there. Clarifying the difference between HIAA direct and HIAA based, HIAA direct is the fee schedule, the HIAA fee schedule as is and currently is, and as it changes. HIAA based is either current or sometime in the past, the HIAA fee schedule was used to establish or as a base for that fee schedule. So  Q. So they could I'm sorry, were you done?  A. Yes.  Q. So they could be through the process of negotiation, the parties could agree upon a certain percentage of the HIAA fee schedule?  A. That's correct.  Q. Now, direct contract negotiation, is that   |

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186 188 Humana that forms a basis for reimbursement? 1 BY MR. MANGI: 2 A. Yes. 2 Q. Okay. Direct contract negotiation, that 3 Q. And then we have Medicaid or percentage of may or may not involve AWP; is that a fair 3 Medicaid. Is that referring to state specific 4 statement? schedules that reference a percentage of what 5 5 A. That's true. 6 Medicaid is reimbursing? 6 · Q. There's no way of knowing? 7 A. Yes. 7 A. No way of knowing. Q. And then you have "Purchased schedules, 8 Q. HIAA based or HIAA direct, that has 8 unknown method." What is that referring to? 9 9 nothing to do with AWP; is that correct? 10 A. We've bought -- in the process of 10 MR. ST. PHILLIP: Objection. business, as we lease networks, we have purchased 11 11 THE WITNESS: That is correct. 12 networks, and with those networks come fee schedules 12 BY MR. MANGI: that are under our control and still in use. We 13 13 Q. And leased schedules, there's no way of purchased them, but I have and Humana has no means 14 14 knowing whether or not they have anything to do with of determining what the method was or the basis used 15 15 AWP? 16 to create that fee schedule. 16 A. That's true. 17 Q. And contracted percent of charge, that's a 17 Q. Okay. Does Humana have any indemnity percentage of what the physician charges? 18 18 plans today? 19 A. Correct. 19 MR. ST. PHILLIP: I'm going to object. 20 Q. Thank you. Now, there's also a 20 The magistrate on November 2nd, 2004 ordered handwritten note, 83 percent. What is that 21 excluded Topic Number 22, which described, "Your 21 22 referring to? client's relationship with your insured, including 187 189 A. That must have been a quick summation of 1 all methodologies by which you billed your insured 1 2 something. 2 directly or indirectly for pharmaceuticals or Q. Is that a notation you made during the 3 3 pharmaceutical dispensing and administration 4 deposition? 4 services." We believe the types and nature of plans 5 A. Yes. That is not part of the original 5 are within that exclusion, and therefore Humana document, and nor should it be there. I didn't 6 doesn't consent to have Mister Lemke testify 7 realize that was going to be an official document. concerning that topic. We'll preserve our rights 8 Q. That's okay. Now, of these various bases under the objection and allow Mister Lemke to answer 9 or methodologies listed here, contracted percent of 9 your question. 10 charge, that has nothing to do with AWP, correct? 10 MR. MANGI: The question is actually not 11 A. That's correct. relevant to that category at all. It is relevant to 11 12 Q. Okay. The purchase schedules may or may 12 others. not have anything to do with AWP; there's just no 13 13 BY MR. MANGI: 14 way of knowing? 14 Q. But could you answer the question, please. 15 A. That is correct. 15 A. Only to the extent that I see that line of 16 Q. Medicaid or percentage of Medicaid, does 16 business type indicated on claims. 17 that have a relationship to AWP? 17 Q. In those cases, would a member pay the 18 MR. ST. PHILLIP: Objection. 18 physician their bill and then submit an invoice to 19 THE WITNESS: My knowledge of state 19 Humana for reimbursement? 20 Medicaid fee schedules is very limited, and I do not 20 A. I cannot answer that, because I'm not 21 know what the states use to establish a fee for 21 totally educated on the reimbursement process and 22 their fee schedules. indemnity plan.

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190 Q. Does Humana receive claims only from 1 Q. Now, earlier you referred to the fact that physicians, or does it also receive them from 2 geography alone, taken in isolation, does not members in relation to drugs administered in 3 explain variations in reimbursement rates, correct? 4 physicians' offices? MR. ST. PHILLIP: Objection. 5 5 A. I do not know. THE WITNESS: Does not totally explain. 6 6 O. Have you ever heard AWP referred to as BY MR. MANGI: 7 "ain't what's paid"? Have you ever heard that term? Q. So would it be fair to say that say --8 8 take Arizona State, for example, there's nothing 9 9 peculiar about Arizona that would explain variation When have you heard that term, do you Q. 10 know? 10 in rates in Arizona; is that a fair statement? A. Very recent, and probably have not heard 11 A. In Arizona itself, that's true, in the 11 that term for a good five or six years since then. 12 12 fact that we rely a lot on Medicare, and Medicare 13 Q. So you heard it about five or six years 13 sees the costs in Arizona differently than it sees 14 ago? 14 the costs in other parts of the country. 15 A. Yes. 15 Q. Now, we spoke earlier about negotiation Q. Do you recall in what context you've come and starting points for negotiation. Do you recall 16 16 17 17 that? across that? 18 A. Yeah, it was during a discussion with a 18 A. Yes. 19 primary care group in Sussex, New Jersey. 19 Q. And I believe you testified your view that 20 Q. And what focused the conversation around 20 the starting point of a negotiation, whether it's 21 21 higher or lower can affect the end outcome? this? 22 A. I believe that to be true. 22 A. It was a conversation around our proposed 191 193 contract with a MSO, management services Q. Okay. What's your basis for that 1 Į organization, and relating to a portion of the 2 2 impression? 3 contract that related to percent of premium 3 A. Past negotiations. capitation. 4 4 Q. Are those negotiations that you have 5 Q. In what context did someone raise or refer 5 conducted yourself? A. Yes. 6 to AWP as "ain't what's paid"? 6 7 A. Boy. I believe it was at the time when 7 Q. In what context have you been involved in 8 there was discussion about what was included in 8 contract negotiations? 9 administering a percent of premium contract, and how 9 A. From the provider side previously to my 10 that related to the individual physicians and their 10 employment with Humana. risk, especially on the pharmacy side. Q. So as I recall your testimony, I believe 11 11 Q. And what did you understand that reference. 12 12 you said it was a psychological factor that could 13 to mean when someone referred to AWP as "ain't 13 affect where you ended up? what's paid"? MR. ST. PHILLIP: Objection. 14 14 THE WITNESS: Yes, I believe I said that. 15 A. That AWP was not an adequate reimbursement 15 16 level. 16 BY MR. MANGI: 17 Q. Did you understand the use of that term to 17 O. We can agree, though, that as a matter of theory, you can start -- you can take a higher be referring to the fact that AWP is not what's paid 18 18 19 to acquire drugs? 19 starting point or a lower starting point and you can 20 MR. ST. PHILLIP: Objection. 20 negotiate either amounts off the higher point or in THE WITNESS: No. addition to the lower point, you can arrive at the 21 21 BY MR. MANGI: 22 same end result, correct?

## Confidential Louisville, KY

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| 1  |  |   | •   |
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| 1  | . 194  |   |   |
|  | MR. ST. PHILLIP: Objection. To the   | 1   | MR. ST. PHILLIP: You've got to testify,   |
| 2  | extent it's based on facts, you can testify on   | 2   | not me. If you don't know, just say you don't know.   |
| 3  | facts.   | 3   | BY MR. MANGI:   |
| 4  | THE WITNESS: It's always possible.   | 4   | Q. Are you referring - is it your   |
| 5  | BY MR. MANGI:  | 5   | understanding that Humana serves as a Medicaid  |
| 6  | Q. And indeed, in a negotiation process, if  | 6   | carrier?  |
| 7  | Humana has a firm sense of where it wants the  | 7   | A. A Medicaid carrier?  |
| 8  | negotiation to end up, it could arrive at that point   | 8   | Q. No, a Medicare carrier.  |
| 9  | by negotiating down from a higher starting point and   | 9   | A. To my knowledge, Humana doesn't serve as a   |
| 10   | negotiating up from a lower starting point, correct?   | 10  | Medicare carrier.   |
| 11   | MR. ST. PHILLIP: Objection.  | 11  | Q. I'm just trying to understand what you're  |
| 12   | THE WITNESS: Yes, Humana could.  | 12  | referring to when you mean, "government side of the   |
| 13   | BY MR. MANGI:  | 13  | business," what sort of   |
| 14   | Q. So indeed, regardless of the benchmark  | 14  | A. Tricare.   |
| 15   | that's used, Humana could, if it so chose, arrive at   | 15  | MR. MANGI: Okay. That's all I have for  |
| 16   | the same end result by negotiating down from the   | 16  | Mister Lemke. Ed, do you have questions?  |
| 17   | higher benchmark or up from a lower benchmark,   | 17  | MR. NOTARGIACOMO: I've got a few minutes'   |
| 18   | right?   | 18  | worth of questions.   |
| 19   | A. It could attempt to.  | 19  | MR. ST. PHILLIP: Can we talk with the   |
| 20   | Q. In preparation for your deposition today,   | 20  | witness for a little bit?   |
| 21   | did you have conversations with anyone other than  | 21  | (A SHORT BREAK WAS TAKEN.)  |
| 22   | your counsel?  | 22  | ****  |
| _  |  | <u> </u>  |   |
| 1  | A. Yes   | 1   | 197   |
| 2  | Q. Who else did you speak to?  | ı,  |   |
| 1  |  | 2   | · EVANONATION   |
| 13   | A. Suzanne   | 2   | EXAMINATION BY MP. NOTAPGIACOMO:  |
| 3<br>4   | A. Suzanne THE WITNESS: What was her last name   | 3   | BY MR. NOTARGIACOMO:  |
| 4  | THE WITNESS: What was her last name,   | 3<br>4  | BY MR. NOTARGIACOMO:  Q. Mister Lemke, my name is Ed Notargiacomo.  |
| 4<br>5   | THE WITNESS: What was her last name, Brad?   | 3<br>4<br>5   | BY MR. NOTARGIACOMO:  Q. Mister Lemke, my name is Ed Notargiacomo.  As I said earlier today, I represent the plaintiffs   |
| 4<br>5<br>6  | THE WITNESS: What was her last name, Brad?  MR. COHEN: Oh, Corum.  | 3<br>4<br>5<br>6  | BY MR. NOTARGIACOMO:  Q. Mister Lemke, my name is Ed Notargiacomo.  As I said earlier today, I represent the plaintiffs in this litigation, or at least the class plaintiffs  |
| 4<br>5<br>6<br>7   | THE WITNESS: What was her last name, Brad?  MR. COHEN: Oh, Corum.  THE WITNESS: Suzanne Corum.   | 3<br>4<br>5<br>6<br>7   | BY MR. NOTARGIACOMO:  Q. Mister Lemke, my name is Ed Notargiacomo.  As I said earlier today, I represent the plaintiffs in this litigation, or at least the class plaintiffs in this litigation, and I just have a few follow-up  |
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198 is that correct? understanding as a general matter that the average 1 1 2 wholesale price, the AWP, is supposed to reflect a 2 A. That is correct. Q. And is it fair to say that the AWP or 3 benchmark of the approximate prices that a drug is 3 average wholesale price has generally been one 4 sold to providers for? 4 component in determining the amount that Humana pays 5 A. That is correct. 5 a provider for services which include the injection Q. So is it fair to say that it's not 6 6 of drugs? 7 irrelevant to Humana if provider reimbursement 7 MR. MANGI: Object to the form, and to the 8 formulas contain AWP that faultily exaggerate prices 8. at which doctors buy the drug, is that true? extent it doesn't account for the various other 9 9 MR. MANGI: Object to the form of the 10 types of methodologies discussed. 10 A. That is a true statement, it is one of the question, and also to the extent Mister Notargiacomo 11 11 12 is misrepresenting plaintiff's position in this 12 components. Q. And do you remember or recall that when 13 litigation. 13 Mister Mangi asked you if it was fair to state that 14 BY MR. NOTARGIACOMO: 14 15 Humana's general aim is to get the best deal it can 15 Q. If you can still answer the question, I can repeat it if you need me to. while maintaining an adequate provider network, do 16 16 you remember what your answer to that question was? A. Yes, would you please? 17 17 A. I believe it was that that is, you know, 18 Q. Sure. Is it fair to state it's not 18 19 irrelevant to Humana if provider reimbursement 19 the goal of Humana. formulas contain AWP that falsely exaggerates prices 20 Q. Is it equally fair to say that Humana also 20 expects and doctors in its network are to make a at which the doctors buy the drug? 21 21 MR. MANGI: Same objection. living primarily by providing medical treatments to 22 22 199 201 A. It is greatly relevant. patients and Humana enrollees and not put a large 1 1 Q. Can you explain to me why it's relevant? mark up on prescription drugs? 2 2 3 MR. MANGI: Object to the form. 3 MR. MANGI: Same objection. A. The reason it is relevant is because that A. Yes, I agree with that statement. 4 4 is the basis on which we establish our cost of the 5 5 Q. So is it fair to say that it's your 6 drug to the provider. 6 understanding as a general matter that the amount Q. So that if the AWP is falsely exaggerated, Humana pays providers who administer prescription 7 7 the payment by Humana to the physicians will be drugs is intended to reasonably compensate the 8 8 larger than it otherwise would be? 9 doctors for their medical services and reimburse 9 10 MR. MANGI: Same objections. 10 them for the appropriate costs of the drug itself? 11 A. That is correct. 11 A. Yes, that's correct. MR. NOTARGIACOMO: I have no other 12 Q. And is it your understanding as a general 12 matter that AWP, which you I think referred to as a, 13 questions. 13 MR. MANGI: A clarification. Ed, for the 14 quote, gold standard, is to reflect a benchmark of 14 the approximate price that a drug is sold to the 15 record, are plaintiffs now reverting to the position 15: that AWP should be an average of actual acquisition 16 providers? 16 MR. MANGI: Object to the form, 17 costs? 17 MR. NOTARGIACOMO: I'm not changing mischaracterizes the testimony. 18 18 19 plaintiff's position or anything, I was simply 19 A. Yes. asking the witness some questions. Q. I'm sorry, I sort of spoke over you. Let . 20 20 MR. MANGI: Okay, because I was about to me repeat the question and you can repeat your 21 21

put that in a brief. Fair enough.

answer. I'm not sure I heard it. Is it your

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202 1 MR. ST. PHILLIP: I think Mister Cohen may of clear hurdles of common negotiations across the 2 have a couple of questions. 2 board with 300,000 doctors? 3 MR. COHEN: Let me just add some 3 A. Yes. 4 questions. 4 Q. Is AWP one of those common benchmarks? 5 5 A. Yes, it is. 6 **EXAMINATION** 6 Q. Mister Mangi asked you certain -- he took 7 BY MR. COHEN: 7 you through certain pricing methodologies on Exhibit 8. Q. Mister Mangi asked you about what he Lemke 001. You have Lemke 1 in front of you. Do you called the competitive dynamic when he was asking 9 recall going through that with Mister Mangi? you about different amounts Humana pays to different 10 10 A. Yes. providers for services in which the administration 11 11 Q. And do you recall Mister Mangi asking you of the same drug is involved. Do you recall that? 12 item by item if this pricing methodology or that 12 13 A. Yes. pricing methodology had any relationship to AWP. Do 13 14 Q. Now, this competitive dynamic, is it 14 you recall him asking you that? Did line item three reasonable to assume that the competitive dynamic 15 15 have any -results in -- compels Humana to generally pay say an 16 16 A. Yes, yes. oncologist in Chicago more for the administration of 17 17 Q. And in some of those instances, you Zoladex than it might compel them to pay a general 18 18 answered no. Do you recall that? 19 practitioner in North Carolina? 19 A. Yes. 20 A. Yes. 20 Q. By so answering no, did you mean to 21 Q. And does that have anything to do with --21 suggest that AWP played no role in how Humana that differential, does that have anything to do 22 determined what it was willing to pay when it 203 with the cost of the drug? 1 adopted any particular methodology? 2

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A. No, it's not dependent on the cost of the 3 drug. 4 Q. Does it have to do with the factors of 5 trying to retain the services of the Chicago oncologist who may be more expensive than the GP in 6 7 North Carolina? 8 A. Yes. Q. And when there are variations in what you 9 10 pay one doctor over another for services which 11 include the administration of Zoladex or Procrit, 12 one of Mister Mangi's clients' drugs, does it -- is generally the difference result from competitive 13 dynamics apart from the cost of the drug? 14 15 A. Yes. 16 Q. How many providers does Humana -- how many 17 doctors does Humana contract with?

A. Somewhere near 330,000.

Q. Is it feasible to negotiate contracts one

Q. So do you need certain benchmarks to sort

on one with each of those 300,000 doctors?

A. No, it's not economically feasible.

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for instance, contracted percent of charge. In 5 6 essence, a fee schedule is the physician's fee 7 schedule that we pay a percent of. They may well have set their fees and charges for drugs based on 8 9 AWP, it's just that we are not privy to that 10 information, nor do we know that was the basis. Not 11 saying it is not the basis, we just don't have 12 knowledge of it. 13 Q. If you were looking at the contractual 14 amount you were going to pay a general practitioner 15 in North Carolina to administer Drug A and Drug B, 16 and the services entailed an office visit and an 17 injection and drug, the scheduled rate with respect 18 to Drug B was a hundred dollars more than it was for

Drug A, wouldn't you check the AWP as one of the

things you would do to try to ascertain why there

MR. MANGI: Object to the form.

was such a difference?

A. No. The answer to that was not that it

what role, if any, it plays in it. So for those -

doesn't play a role, is that we have no knowledge of

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A. Yes.

Q. And if you were to learn that, although

the AWP were roughly \$400, the doctor was only

paying \$100, would that affect your future pricing

negotiations for that type of service?

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53 (Pages 206 to 209)

206 208 1 A. Yes, we would -- we have often and we'll 1 MR. MANGI: Same objection, form and 2 continue to use AWP as a basis for judgment as to 2 leading. 3 whether we believe a fee is too high. 3 A. Absolutely. Q. Would it be relevant to your determination 4 4. MR. COHEN: I have no further questions. 5 of how much to pay a provider if you were to learn 5 MR. MANGI: I'll have a few more. \*\*\*\*\* that there was a situation whereby manufacturers 6 6 7 were competitively exaggerating their AWP to try to 7 **EXAMINATION** get market share with that doctor at the expense of 8 8. BY MR. MANGI: 9 Humana? 9 Q. Now, Mister Lemke, we spent a lot of time 10 MR. MANGI: Object to the form. 10 today talking about competitive dynamics, bargaining 11 A. Would you repeat the question? 11 leverage, do you remember that? MR. ST. PHILLIP: Read it back. 12 12 A. (WITNESS MOVES HEAD UP AND DOWN.) (RECORD READ.) 13 . 13 Q. You have to answer verbally. 14 MR. MANGI: Object to the form, and also 14 A. Uh-huh, yes. 15 it's leading. 15 Q. That bargaining and leverage, those issues 16 A. Yes. apply, not only to a determination of what Humana 16 17 Q. Hypothetically, if you were to learn, for 17 will pay in relation to services, but also in 18 instance, that urologists to whom you were paying relation to drugs, correct? 18 \$200 for an office visit encompassing an injection 19 19 A. In some instances, yes. of Zoladex, where you paid that same oncologist \$100 20 20 Q. And that variation will explain why, in 21 for an office visit without an injection of 21 some case, the reference to the Medicare based fee Zoladex -- withdrawn. Hypothetically, if you 22 schedules, Humana will be reimbursing for drugs to 207 209 1 learned that you were paying a urologist \$500 for an ninety percent Medicare and whereas in other cases, office visit encompassing the injection of Zoladex, 2 2 it will be reimbursing at a hundred twenty percent where you were only paying \$100 for an office visit 3 3 of Medicare, correct? 4 that didn't encompass any injection, would it be 4 A. In some case, yes. 5 relevant to you to know what the AWP was of the 5 Q. Now, if you could turn to Exhibit Lemke 001. Zoladex that was being given? There it is. In relation to some of these rows 6 7 MR. MANGI: Object to the form, leading. under methodology, or some of these bases, AWP is a A. Yes, it would, because that would -- I component in the reimbursement methodology, right? 8 8 9 mean, that represents the difference between those 9 A. Yes. two claims, if you will. And thereby by default is 10 10 Q. For example, average wholesale price to, the only other cost involved in that encounter. updated quarterly, AWP is clearly a part of the 11 11 12 So yes, we would want to know how that measures up 12 methodology there, correct? against AWP or other standards we have. 13 13 A. Right. 14 Q. And if you learned that the AWP for that 14 Q. In relation to the other methodologies injection of Zoladex was equal to -- roughly equal 15 that we referenced, be they purchase schedules, 15 to the \$400 difference, would you then consider that contracted percentage of charge, HIAA direct, you 16 an acceptable way to explain the difference? have no way of knowing whether or not they have any 17 17

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basis.

relationship to AWP, correct?

A. That's correct. For those types stated,

those we would not necessarily know if AWP was the

Q. And indeed, AWP may have formed no part of

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| J_  | (1 ages 210 to 213)  |    |  |
|-----|--|----|--|
|     | 21   | 0  | 21   |
|     | ·  | 1  | wholesale price" and nothing else, correct?          |
| 2   | , and a second second  | 2  |  |
| 3   | C Poste outlier also about HOW SOOU                              | 3  | estimate or close proximity, I'm not quite sure the  |
| 4   | Today of the to take all overall look                            | 4  | term I used, represented the average price that      |
| 5   | ,  | 5  | providers pay for drugs, yes.                        |
| 6   |  | 6  | Q. But you based that impression solely upon         |
| 7   | C  | 7  | the terms of that phrase.                            |
| 8   | what you're paying and what you're receiving, right?             | 8  | A. Not solely, no.                                   |
| 9   | A. Yes.  | 9  | Q. Okay. What else do you base it on?                |
| 10  | o physician's perspective,                                       | 10 | A. Based on the fact that there's always -           |
| 11  | if they feel they're being inadequately reimbursed               | 11 | well, an average is an average which means that      |
| 12  | y y ove as an acceptable   | 12 | there's always going to be instances where you're    |
| 13  | overall contract if they're being reimbursed at a                | 13 | going to pay less than the average because somebody  |
| 14  |  | 14 | else is paying more than the average. Depending on   |
| 15  | A. Yes.  | 15 | how that average was derived, I mean there is a      |
| 16  | Q. For example, if they feel they're being                       | 16 | number of things going in it, but also just being in |
| 17  | underreimbursed for admin fees, they can still view              | 17 | the business world and in the sense one could never  |
| 18  | it as an acceptable contract if they're getting                  | 18 | say that that is an absolute reflection of - any     |
| 19  | higher reimbursement in relation to drugs, right?                | 19 | average is an absolute reflection of what's actually |
| 20  | A. They may well view it that way, yes.                          | 20 | going on in the market. But I truly, you know, I     |
| 21  | Q. Now, Mister Notargiacomo returned to your                     | 21 | believe that the average wholesale price did         |
| 22  | view as to whether or not AWP represents the prices              | 22 | approximate what was being paid out and what was     |
|     | 211  | -  |  |
| 1   | at which drugs are acquired.                                     | 1. | being paid for drugs by providers, yes.              |
| 2   | MR. COHEN: Objection, that                                       | 2  | Q. Okay. Based on your business experience           |
| 3   | mischaracterizes the question. I heard the word                  | 3  | and leaving aside your average may or may not        |
| 4   | approximate.   | 4  | conote, are you aware of any cases, even one case,   |
| 5   | MR. MANGI: In any event  | 5  | where you know for a fact the provider acquired      |
| 6   | MR. COHEN: Well, rephrase your question.                         | 6  | drugs at average wholesale price or even something   |
| 7   | MR. MANGI: Your objection is noted and                           | .7 | close to average wholesale price?                    |
| 8   | that's fine, I'll rephrase the question.                         | 8  | A. No, only because I have not been privy to         |
| 9   | BY MR. MANGI:  | 9  | detailed provider, you know, documentation or the    |
| 10  | <ul> <li>Q. Do I recall correctly, that you testified</li> </ul> | 10 | financial records that would give me that indication |
| 11. | earlier today that you don't know at what price                  | 11 | or that knowledge.                                   |
| 12  | providers acquire drugs, is that correct?                        | 12 | Q. So given that you're not privy to that            |
| 13  | <ul> <li>A. The actual price at which providers</li> </ul>       | 13 | knowledge in your business sense again, you're       |
| 14  | acquire drugs, no, I do not know.                                | 14 | relying exclusively on the words "average wholesale  |
| 15  | Q. And I believe you also testified earlier                      | 15 | price," correct?                                     |
| 16  | today that you don't know for a fact whether or not              | 16 | MR. ST. PHILLIP: Objection.                          |
| 17  | the price providers pay to acquire drugs is AWP or               | 17 | A. Well, not totally. Because one of the             |
| 18  | is something else entirely.                                      | 18 | other common senses in business is that in this      |
| 19  | A. For a fact, I do not know.                                    | 19 | particular instance, if a provider accepts AWP, out  |
| 20  | Q. Okay. And your response to Mister                             | 20 | of the box, they at least are saying that it covers  |
| 21  | Notargiacomo's question was based simply on your                 | 21 | their costs.   |
| 22  | personal interpretation of the words "average                    | 22 | Q. Okay.   |
|     | ···  |    |  |

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214 1 A. So from the inference that AWP does not 1 eighty-five percent of AWP, then you assume that 2 represent less than what it is costing them, one can 2 they're acquiring drugs at an amount less than that? 3 infer that AWP does cover their costs. 3 A. No. I would probably assume in those 4 Q. Okay. So that's a slightly different 4 situations that it is such a small part of their 5 point. So the point you're making there is that the 5 business that it's not a bank breaker and they're 6 amounts that physicians pay to acquire drugs, is picking it up someplace else in negotiation of the something less than AWP. That's your understanding, 7 7 fee schedule. correct? 8 8 Q. And you're basing that upon the words 9 MR. ST. PHILLIP: Objection. 9 average wholesale price and upon the business 10 A. No, what I said was it at least covers 10 experience that you've just described. 11 their cost. 11 Q. Correct? 12 Q. Right. And for it to cover their costs, 12 A. In part, yes. their costs would have to be less than AWP, right? 13 13 Q. What else are you relying on? A. At. It wouldn't necessarily have to be 14 14 A. When you get into contract negotiations 15 less than. and fee negotiations, there are so many variables 15 Q. Okay. There are physicians who Humana 16 16 out there that one cannot say definitely without 17 reimburses at ninety percent of Medicare, correct? 17 looking at a very, very specific negotiation, a 18 18 very, very specific provider and a fee schedule, to 19 Q. And that's ninety percent of 19 definitively answer any of the questions you have in 20 eighty-five percent of the AWP, correct? 20 regard to what does AWP mean to me or the provider. 21 A. Yes, in some cases. 21 Q. Okay. And with regard to those specific 22 Q. So in those instances, you understand transactions and individual providers, you're not 217 providers would be acquiring drugs at less than that 1 1 aware of any provider in any specific case paying 2 amount, right? 2 AWP to acquire a drug, as a fact, correct? 3 A. That's correct. 3 MR. ST. PHILLIP: Any of the 330,000 4 Q. Okay. So you certainly are aware that at 4 contract negotiations? 5 least some physicians are acquiring drugs at amounts 5 MR. MANGI: Correct, that's exactly right. substantially below AWP itself? 6 6 A. I do not know of one absolutely fitting 7 A., No. 7 that description, no. 8 MR. ST. PHILLIP: Objection, 8 Q. Have you heard of one fitting that 9 argumentative. 9 description? What do you mean by absolutely? 10 Q. Didn't you just say that you're aware that 10 MR. ST. PHILLIP: It's argumentative. they are acquiring drugs at an amount less than 11 11 Q. No, I'm just trying to understand what you ninety percent of eighty-five percent of AWP? 12 12 13 A. No. I'm aware of the fact that we are 13 A. Ninety-nine-point nine percent of the paying them for drugs at that rate. 14 14 contracts and negotiations do not get down to an Q. Okay. 15

 A. Not what their cost is. Q. Okay. Wasn't your testimony just now that you understood that they were being reimbursed at an amount greater than what they paid to acquire drugs? A. No. I said I assume that in the fact that they accepted AWP as a reimbursement level.

20 21

22 Q. And if they accept ninety percent of

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individual drug. We are talking in excess of 300 to 15 400 J/Codes, not addressed individually at a time. 16

17 So to answer that question, you would have to be

looking at a specific drug for a specific provider 18

for a specific time on a specific contract and 19

20 getting to that level of detail, no, I could not say

21 as though I know that situation exists.

22 Q. And the reason you don't get down to

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1 individual drugs and individual negotiations with 1 competitively sensitive information. 2 these 330,000 providers, is because it wouldn't be 2 MR. NOTARGIACOMO: Can you speak up? I'm 3 practical to do so, right? 3 having trouble hearing. 4 A. That's correct. 4 MR. ST. PHILLIP: Also, Ed, could you turn Q. There are a lot of drugs out there and a 5 5 down your microphone? Could you read that back. lot of providers out there and you couldn't 6 6 (RECORD READ.) 7 negotiate each drug with each provider, right? 7 MR. MANGI: Upon what time period are you 8 A. Correct. 8 going to allow the witness to answer questions? Q. Okay. So instead, you utilize AWP as a 9 9 MR. ST. PHILLIP: I'm going to allow him benchmark that enables you to have a practical 10 10 to answer questions to anything except for what's system of setting reimbursements, right? 11 11 happening now. 12 A. Using AWP, that gives us a level of --12 MR. MANGI: Okay, so yesterday? I mean, 13 that gives us a level of confidence that we are at 13 give me a cut off time. least not grossly overpaying. 14 14 MR. ST. PHILLIP: The current strategy, 15 Q. Okay. So indeed if you were aware of or his current strategy. 15 16 learn of the fact that a provider, one specific 16 Q. Right up until the current strategy, 17 provider or providers were getting rebates from 17 whatever that means, is it fair to say that Humana manufacturers on specific drugs, that wouldn't 18 18 has never changed its reimbursement methodology in 19 change the reimbursement amounts in the contract 19 the manner that you describe? because you don't get down to a drug by drug level, 20 20 A. I can't attest to that. Never? 21 isn't that correct? 21 Q. Are you aware of Humana having changed its 22 A. If a contractor became aware of a specific methodology to that effect? 219 1 provider and had that detailed information, I am 1 A. You're implying that there is a single relatively assured that that information would be 2 2 methodology which there is not so I cannot answer 3 used to negotiate with that provider for a lower 3 that question. 4 cost on drugs. 4 Q. My question is are you aware of any Q. Okay. And indeed -- well, if that were in 5 5 instances where Humana has done a line item change one individual case, perhaps that's true. But if 6 across all its fee schedules to account for 7 Humana were to become aware that all providers were knowledge of manufacturer rebates to providers in 7 getting manufacturer rebates on a given basket of 8 8 relation to particular drugs? 9 drugs, would it then do line item negotiations with 9 A. I'm not aware of any. 10 respect to each of those drugs with all their 10 Q. Okay. Has -- and indeed Humana to date, 11 providers? 11

MR. ST. PHILLIP: Objection.

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A. I would assume that Humana would approach that as it approaches it now, and that in looking at establishing a new standard or a new basis, for future negotiation of drug costs.

17 Q. But it hasn't done that to date, correct? 18

MR. ST. PHILLIP: Objection. To the extent that the question calls for you to testify

- 19 20 about what your current contracting strategies are,
- 21 I'm going to instruct you not to answer and to move
- 22 for a protective order because that contains

other than some of the contracts we looked at, has 12 not to your knowledge sought to gain information

13 about providers' acquisition costs for drugs, 14

correct?

15 MR. ST. PHILLIP: Objection.

16 A. I'm not aware of any.

17 Q. And to the best of your knowledge, Humana 18

never adjusted its fee schedules to account for the 19 substantial discounts off AWP that consituted the

20 acquisition costs referenced in the OIG reports we

21 looked at, correct?

MR. ST. PHILLIP: Objection. To the

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|     |  |          |  | <b>-</b> |
|-----|--|----------|--|----------|
|     | . 222  |          | 224  | 4        |
| 1   | extent that you're going to talk about the OIG     | 1        |  | -        |
| 2   | reports, I would reiterate my objections to topic  | _        | CERTIFICATE  | 1        |
| .3  | number 24, which was excluded by Magistrate Judge  | 2        | STATE OF KENTUCKY :  | 1        |
| 4   | Bowler.  | 3        | SS:<br>COUNTY OF JEFFERSON :   | ŀ        |
| 5   | MR. MANGI: Same response you've given              | 4        | I, Kathy Nold, a notary public in and for  | -        |
| 6   | many times today.                                  | 5        | the State of Kentucky, do hereby certify that prior  |          |
| 7   | Q. But you can answer that question. Would         |          | to the giving of his deposition, the within named  | 1        |
| i . | you like it read back?                             | 6        | EDWARD LEMKE was by me first duly sworn to tell the  |          |
| 8   | •  | 7.       | , , ,  |          |
| 9.  | A. Yes, please.                                    | 8        | that the foregoing pages constitute a true and<br>correct transcript of testimony given at said time |          |
| 10  | (RECORD READ.)                                     | و ا      | and place by said deponent; that said deposition was   | 1        |
| 11  | A. I can never say never.                          | 10       | taken by me in stenotype and transcribed under my  |          |
| 12  | Q. To the best of your knowledge?                  | 1        | supervision; that I am neither a relative of nor   | 1        |
| 13  | A. To the best of my knowledge, they have          | ĺ        | attorney for any of the parties to this litigation,  | 1        |
| 14  | not.   | 12       | nor relative of nor employee of any of their   | 1        |
| 15  | Q. Okay. Now, Mister Notargiacomo also asked       | 13       | counsel, and have no interest whatsoever in the  |          |
| 16  | you questions about exaggerated AWPs or inflated   | 14<br>15 | result of this litigation. IN WITNESS WHEREOF, I hereunto set my hand                                |          |
| 17  | AWPs. When you responded to those questions, were  | 16       | at Louisville, Kentucky this 12TH day of January,  |          |
| 18  | you relying upon your interpretation of average    | 17       | 2005.  |          |
| 19  | wholesale price using the actual meanings of those | 18       | MY COMMISSION EXPIRES JULY 20, 2006.   | 1        |
| 20  | words?   | 19       | KATHY NOLD   | ı        |
| 21  | MR. ST. PHILLIP: Objection. You can                | 20<br>21 | REGISTERED PROFESSIONAL REPORTER   | ı        |
| 22  | answer.  | 22       | NOTARY PUBLIC, STATE OF KENTUCKY   | 1        |
| 1   |  |          | ·  |          |
|     | 223  |          |  |          |
| 1   | A. Yes.  |          |  |          |
| 2   | Q. All right.                                      |          |  | 1        |
| 3   | MR. MANGI: Nothing further. Anything               |          |  | ŀ        |
| 4   | else, Ed?  |          |  |          |
| 5   | MR. NOTARGIACOMO: Nothing at this time.            |          |  |          |
| l l | _  |          |  | -1       |
| 6   | MR. ST. PHILLIP: No questions.                     |          |  | 1        |
| 7   | ATTEMPORATE STATE OF TARES                         |          |  | Į        |
| 8   | (WITNESS EXCUSED.)                                 |          |  | 1        |
| 9   | (DEPOSITION CONCLUDED AT 3:25 p.m.)                |          | ·  | 1        |
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